

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street) ▼

1120 Connecticut Ave. NW

Suite 480

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A Mifsud

Signature of Treasurer

Paul A Mifsud

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2015</div>		<div>169473.35</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>195369.85</div>	
(c) Total Receipts (from Line 19) .....	<div>22826.00</div>	<div>81368.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>218195.85</div>	<div>250841.35</div>
7. Total Disbursements (from Line 31).....	<div>32734.81</div>	<div>65380.31</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>185461.04</div>	<div>185461.04</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 06 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 06 / 30 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10623.00

23247.00

(ii) Unitemized .....

12203.00

58121.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

22826.00

81368.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

22826.00

81368.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

22826.00

81368.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

22826.00

81368.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5734.81	10280.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5734.81	10280.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	55100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	32734.81	65380.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32734.81	65380.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22826.00	81368.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22826.00	81368.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	5734.81	10280.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	5734.81	10280.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Darlene A Dougherty**

Mailing Address 1800 Spring Ridge Dr  
Attn Dietary Manager

City State Zip Code  
Susanville CA 96130-6100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nevada DWSS SNAP

Occupation

Nutrition Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : AD380ADB215B34BBBAC**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mrs. Marsha K Schofield**

Mailing Address 4186 Cheval Cir

City State Zip Code  
Stow OH 44224-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy of Nutrition and Dietetics

Occupation

Director, Nutrition Services Coverage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : A6BF85665C2CE4FC1846**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Candace S Johnson**

Mailing Address PO Box 24124

City State Zip Code  
Denver CO 80224-0124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C S Johnson & Associates

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : AA30B908BCF224E42934**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

755.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Carol M Brunzell**

Mailing Address 10035 Conrad Ave

City

Inver Grove Heights

State

MN

Zip Code

55076-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fairview Uni. Med Cntr

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A3842026093F6456E9FB**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lucille Beseler RDN**

Mailing Address 5350 W. Hillsboro Blvd #105

City

Coconut Creek

State

FL

Zip Code

33073-4396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Nutrition Center

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AA784DF7E4D3F4758A92**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Jessie M Pavlinac**

Mailing Address OHSU - UHS 18

3181 SW Sam Jackson Park Road

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Health & Science U

Occupation

Director, Clinical Nutrition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A7B5E5BA0B34E456093A**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Marcia A Kyle**

Mailing Address Penbay Healthcare  
Kno Wal Lin Building

City State Zip Code  
Rockland ME 04841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penbay Healthcare

Occupation

Clinical Dietitian Nutritionist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A3C6AE1D4F2944DC5977**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Anne M Wolf**

Mailing Address 5030 Rutherford Rd

City State Zip Code  
Charlottesville VA 22901-5633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A789034E635DC4555BD6**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Mary W Vester-Toews**

Mailing Address Ste 105  
5446 N Palm Ave

City State Zip Code  
Fresno CA 93704-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dietary Directions, Inc.

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A90B677ACBCB944B392B**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Mary W Vester-Toews**

Mailing Address Ste 105

5446 N Palm Ave

City

Fresno

State

CA

Zip Code

93704-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dietary Directions, Inc.

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : AFA345D2FC29843D79FE**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Roger A Shewmake**

Mailing Address Center For Family Medicine

1115 East 20th Street

City

Sioux Falls

State

SD

Zip Code

57105-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Clinic Adminis

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A64321A2E3DD24C9CBA4**

Amount of Each Receipt this Period

420.00

Full Name (Last, First, Middle Initial)

**c. Ms. Jeanne Blankenship RDN**

Mailing Address 1120 Connecticut Ave NW, Ste 460

City

Washington

State

DC

Zip Code

20036-3953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy of Nutrition and Dietetics

Occupation

VP, Policy Initiatives &amp; Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A16BA0316ACF34A9EA47**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

665.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michelle M Kuppich**

Mailing Address 58 W Portal Ave

City

San Francisco

State

CA

Zip Code

94127-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA SF Nutrition Pro

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A81CADA482F15463C964**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lynnette S Jones**

Mailing Address 12251 S 80th Ave

City

Palos Heights

State

IL

Zip Code

60463-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self employed

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A1156822EFD1E4BCCB46**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Christine K Weithman**

Mailing Address 6 Spring Valley Rd

City

Natick

State

MA

Zip Code

01760-1722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Management Resources

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A73396CFACA9C4AB8899**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. H Leslie P Bain**

Mailing Address 8000 Ensley Ln

City

Leawood

State

KS

Zip Code

66206-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A62E9FFC926AA4CE9865**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dr. Evelyn F Crayton PhD.**

Mailing Address 124 Elm Drive

City

Montgomery

State

AL

Zip Code

36117-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Living Well Associates

Occupation

Rdn

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A86DBA4B680D6494BA93**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Dr. Evelyn F Crayton PhD.**

Mailing Address 124 Elm Drive

City

Montgomery

State

AL

Zip Code

36117-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Living Well Associates

Occupation

Rdn

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A25CD6FFA6F264EBBA1D**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Evelyn F Crayton PhD.**

Mailing Address 124 Elm Drive

City

Montgomery

State

AL

Zip Code

36117-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Living Well Associates

Occupation

Rdn

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A02D49B61CC5D48729A6**

Amount of Each Receipt this Period

145.00

Full Name (Last, First, Middle Initial)

**B. Ms. Brenda E Richardson**

Mailing Address 4972 E Motsinger Rd

City

Salem

State

IN

Zip Code

47167-7759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dietary Consultants

Occupation

Rdn

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AAFB63440CCC643CBBBF**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ms. Brenda E Richardson**

Mailing Address 4972 E Motsinger Rd

City

Salem

State

IN

Zip Code

47167-7759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dietary Consultants

Occupation

Rdn

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A3437A5D0D07247FF908**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 32  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ms. Sandra A Morris RD**

Mailing Address 200 High Park Ave

City	State	Zip Code
Goshen	IN	46526-4810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IU Health-Goshen HospitalOccupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : A952E286BC82F4C5BA50

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Anna M Shlachter**

Mailing Address 1460 Renaissance Dr

City	State	Zip Code
Park Ridge	IL	60068-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : A95DF7A6986AF4F6A9C1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Anna M Shlachter**

Mailing Address 1460 Renaissance Dr

City	State	Zip Code
Park Ridge	IL	60068-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation  
Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

Transaction ID : AA0D518398F264968988

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

510.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Carol L Bradley**

Mailing Address P.o. Box 13014

City

Nacogdoches

State

TX

Zip Code

75962-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brookshire Brothers

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A929B316D52C14A1CA5F**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lorri Holzberg**

Mailing Address 2407 Sharon Rd

City

Menlo Park

State

CA

Zip Code

94025-6800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : AECEEFA6EC27E4049901**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. Ms. Shannon S Stember RDN**

Mailing Address PO Box 3107

City

Portland

State

OR

Zip Code

97208-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : ADB37737799A04A76B49**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

270.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Debra L King**

Mailing Address 8045 Key Largo

City  
BeltonState  
TXZip Code  
76513-5770FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crown Consulting

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : AB5DC3EE30B724C94B0D**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Debra G Hook**

Mailing Address PO Box 310037

City  
FontanaState  
CAZip Code  
92331-0037FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital Los Angeles

Occupation

Pediatric Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A3F3959F996DB4AD6906**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jey-Hong Hwang**

Mailing Address 60 Plymouth Rd

City  
Great NeckState  
NYZip Code  
11023-1656FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sodexo

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A77F71C62FB3846F1852**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

510.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul A Mifsud**

Mailing Address 120 S Riverside Plz  
Ste 2000

City State Zip Code  
Chicago IL 60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : A87C85D7B0FDD4D0E814**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**B. Paul A Mifsud**

Mailing Address 120 S Riverside Plz  
Ste 2000

City State Zip Code  
Chicago IL 60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : ABA4EB3323D494AFC85B**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. Paul A Mifsud**

Mailing Address 120 S Riverside Plz  
Ste 2000

City State Zip Code  
Chicago IL 60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY  
06 / 23 / 2015

**Transaction ID : ADFA686E9BCA845D586F**

Amount of Each Receipt this Period

1.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul A Mifsud**

Mailing Address 120 S Riverside Plz  
Ste 2000

City State Zip Code  
Chicago IL 60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A39FB7AE82A9E47BC8C6**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**B. Ms. Mary Pat Raimondi**

Mailing Address 1120 Connecticut Ave NW, Ste 480

City State Zip Code  
Washington DC 20036-3989

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy-staff

Occupation

RD - Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A9E382EA098AE4CA4BCF**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ms. Connie B Diekman**

Mailing Address 1 Brookings Dr

City State Zip Code  
Saint Louis MO 63130-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University in St.Louis

Occupation

Director of University Nutrition

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : ADA7438BED624860B6D**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

176.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Christine M Reidy**Mailing Address 120 S Riverside Plz  
Ste 2000

City	State	Zip Code
Chicago	IL	60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : AA5A93AD87419494BA67**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Ruby Ann S Hayasaka RDN**Mailing Address Director Of Nutritional Servic  
640 Ulukahiki St

City	State	Zip Code
Kailua	HI	96734-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Castle Medical Center

Occupation

Director of Nutritional Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A18A7FD5395A34224BA4**

Amount of Each Receipt this Period

390.00

Full Name (Last, First, Middle Initial)

**C. Ms. Trisha Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City	State	Zip Code
Ballwin	MO	63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Malnutrition Antagonists

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : A63E5C50064704531938**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

660.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Trisha Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City State Zip Code  
 Ballwin MO 63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Malnutrition Antagonists

Occupation  
 Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A9AA5B64ACDF74F6E929**

Amount of Each Receipt this Period

475.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sonja L Connor**

Mailing Address Oregon Health & Science University  
 3181 SW Sam Jackson Park Road

City State Zip Code  
 Portland OR 97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oregon Health & Science U

Occupation  
 Research Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AC3B81A7F90B344F68B3**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Sonja L Connor**

Mailing Address Oregon Health & Science University  
 3181 SW Sam Jackson Park Road

City State Zip Code  
 Portland OR 97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oregon Health & Science U

Occupation  
 Research Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A70DEC1E521774D01BCE**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Aida C G Miles**

Mailing Address UMN EpiCH,1300 2nd St. S., #300  
 Sharanya Johnson

City State Zip Code  
 Minneapolis MN 55454-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Program Contact

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AEEFFB31F442042E39C9**

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

**B. Ms. Aida C G Miles**

Mailing Address UMN EpiCH,1300 2nd St. S., #300  
 Sharanya Johnson

City State Zip Code  
 Minneapolis MN 55454-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Program Contact

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A93C55EF5BDDD49CDB67**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Ms. Lindsey B Hogle RDN**

Mailing Address 13501 Haddonfield Ln

City State Zip Code  
 Gaithersburg MD 20878-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Staff

Occupation

RDN - Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A2693C4546A0B4A76AC4**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

460.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Julie H Haase RDN**

Mailing Address 154 S 78th St

City

Milwaukee

State

WI

Zip Code

53214-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheaton Franciscan Health

Occupation

Clinical Nutrition Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A8A660F316E5C4968959**

Amount of Each Receipt this Period

165.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Julie H Haase RDN**

Mailing Address 154 S 78th St

City

Milwaukee

State

WI

Zip Code

53214-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wheaton Franciscan Health

Occupation

Clinical Nutrition Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A3469C2DD424D4065A6C**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. Ms. Charlotte A Hayes**

Mailing Address 2144 Hills Ave NW  
Ste A

City

Atlanta

State

GA

Zip Code

30318-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Novo Nordisk

Occupation

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AA69D516D0C7A499BA15**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. April N Winslow**

Mailing Address 2838 Bunker Ct

City State Zip Code  
San Jose CA 95121-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Choose to Change Nutrition Services

Psychiatric RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A5C8F4FBA520241EC9DF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia M Babjak**

Mailing Address 3017 Buckingham Ave

City State Zip Code  
Westchester IL 60154-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Academy Of Nutrition And

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : AE8C67A48CCCA4F1DAAC**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ms. Patricia M Babjak**

Mailing Address 3017 Buckingham Ave

City State Zip Code  
Westchester IL 60154-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Academy Of Nutrition And

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

06 / 23 / 2015

**Transaction ID : A5B121B5A2562460F94D**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia M Babjak**

Mailing Address 3017 Buckingham Ave

City

Westchester

State

IL

Zip Code

60154-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : A8BDD38939C08496AA04**

Amount of Each Receipt this Period

165.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Denise A Andersen**

Mailing Address 1411 Farmdale rd

City

Saint Paul

State

MN

Zip Code

55118-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Private Consultant

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : A600913C2267D467CB78**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Denise A Andersen**

Mailing Address 1411 Farmdale rd

City

Saint Paul

State

MN

Zip Code

55118-2739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Private Consultant

Occupation

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	23	/	2015

**Transaction ID : A0D0C9B3556CF4DC1AF4**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

460.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 32

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ms. Teresa A Nece RDN**

Mailing Address 1120 Connecticut Avenue NW Ste. 4

City

Washington

State

DC

Zip Code

20036-3989

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2015

**Transaction ID : A0C12FD925DAD4E01AC6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Prof. Jane V White PhD.**

Mailing Address 1924 Alcoa Hwy

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept. Family Medicine; UT-Knox

Occupation

Professor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : A5F237D90C2F44731AF8**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mrs. Marcia A Kyle**Mailing Address Penbay Healthcare  
Kno Wal Lin Building

City

Rockland

State

ME

Zip Code

04841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penbay Healthcare

Occupation

Clinical Dietitian Nutritionist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

**Transaction ID : A72A023B73BB64E74852**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mrs. Jessie M Pavlinac**

Mailing Address OHSU - UHS 18

3181 SW Sam Jackson Park Road

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Health & Science U

Occupation

Director, Clinical Nutrition

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : A023914FA6834489F9CE**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Paul A Mifsud**

Mailing Address 120 S Riverside Plz

Ste 2000

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : A33E1148B9FE04387A35**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ms. Virginia J Dantone-Debarbieris RDN**

Mailing Address 112 River Oaks Dr

City

La Place

State

LA

Zip Code

70068-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nutrition Education Resources

Occupation

Rdn

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : A7E4E51D225EB4D3EBD5**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Ms. Virginia J Dantone-Debarberis RDN**

Mailing Address 112 River Oaks Dr

City State Zip Code  
La Place LA 70068-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Nutrition Education Resources

Rdn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : AD1928304311A44F592B**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Trisha Fuhrman**

Mailing Address 1932 Prospector Ridge Dr

City State Zip Code  
Ballwin MO 63011-4808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Malnutrition Antagonists

Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : A499EBAC8762540EDBB6**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Mary Pat Raimondi**

Mailing Address 1120 Connecticut Ave NW, Ste 480

City State Zip Code  
Washington DC 20036-3989

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Academy-staff

RD - Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

06 / 30 / 2015

**Transaction ID : A16BA6F05D3E44E1F8AC**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

10623.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Academy of Nutrition and Dietetics Political Action Committee

### A. National Press Club

Category/  
Type

4894.85

State:  District:

**B. 4 imprint**

Category/  
Type

67.64

State:  District:

### C. National Press Club

Category/  
Type

772.32

State:  District:

5734.81

A digital display with a black background and white numbers, showing the value 5734.81. The display has a thin white border and small white tick marks along the top and bottom edges.

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DON BEYER**

Mailing Address 1751 POTOMAC GREENS DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Donald Beyer [VA-08-D]

Candidate Name

**Rep. Donald Sternoff Beyer JR**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2015

**Transaction ID : B23DA8B13090446A6930**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Whitfield for Congress**Mailing Address WHITFIELD FOR CONGRESS COMMITTEE  
P.O. Box 391

City	State	Zip Code
Hopkinsville	KY	42241-0391

Purpose of Disbursement  
Ed Whitfield [KY-01-R]

Candidate Name

**Rep. Ed Whitfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : BD04B16EFFD374B8DB60**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Murphy for Congress**Mailing Address Murphy for Congress  
46 Ordale Rd

City	State	Zip Code
Pittsburgh	PA	15228-1524

Purpose of Disbursement  
Tim Murphy [PA-18-R]

Candidate Name

**Rep. Tim F. Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

**Transaction ID : BE1B5413B95C346279FA**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ERIK PAULSEN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Mailing Address P.O. BOX 44369

250 PRAIRIE CENTER DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55344

Purpose of Disbursement

Erik Paulsen [MN-03-R]

Candidate Name

**Rep. Erik Paulsen**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State: MN

District: 03

Category/  
Type**Transaction ID : BBCA867FF577A4F90A0F**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Marcia Fudge for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Mailing Address 3729 Silsby Road

City

University Heights

State

OH

Zip Code

44118

Purpose of Disbursement

Marsha L Fudge [OH-11-D]

Candidate Name

**Rep. Marcia L. Fudge**

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State: OH

District: 11

Category/  
Type**Transaction ID : B982C30653E164C36AF4**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. KEYSTONE VICTORY FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Mailing Address PO BOX 58746

City

PHILADELPHIA

State

PA

Zip Code

19102

Purpose of Disbursement

Robert Casey [D-PA]

Candidate Name

**Sen. Robert P Casey JR**

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: PA

District:

Category/  
Type**Transaction ID : B8C19ABE0BB884889BA7**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WALORSKI FOR CONGRESS INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO BOX 954

City	State	Zip Code
MISHAWAKA	IN	46546-0954

**Transaction ID : B9072C9AF35BE4883848**Purpose of Disbursement  
Jackie Walorski [IN-02-R]

Amount of Each Disbursement this Period

Candidate Name

**Rep. Jackie Swihart Walorski**Category/  
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IN	District: 02	

Full Name (Last, First, Middle Initial)

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO BOX 252  
40138 SAWMILL RD

City	State	Zip Code
EMILY	MN	56447

**Transaction ID : BFF6D4034935A4A29AA2**Purpose of Disbursement  
Rich Nolan [MN-08-DFL]

Amount of Each Disbursement this Period

Candidate Name

**Rep. Rick M. Nolan**Category/  
Type

500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MN	District: 08	

Full Name (Last, First, Middle Initial)

**C. ANN WAGNER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Mailing Address PO BOX 50

City	State	Zip Code
BALLWIN	MO	63022

**Transaction ID : B678CF8C373B6433EA0E**Purpose of Disbursement  
Ann Wagner [MO-02-R]

Amount of Each Disbursement this Period

Candidate Name

**Rep. Ann L. Wagner**Category/  
Type

1000.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MO	District: 02	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement  
Tim Scott [SC-R]

Candidate Name

**Sen. Tim E. Scott**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : B2F0668385DF54E0390F**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. RODNEY DAVIS FOR CONGRESS**

Mailing Address PO BOX 344

City	State	Zip Code
Taylorville	IL	62568-0344

Purpose of Disbursement  
Rodney Davis [IL-13-R]

Candidate Name

**Rep. Rodney L. Davis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : B17A53275C7954B0BB07**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
Pat Toomey [PA-R]

Candidate Name

**Sen. Pat J. Toomey**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

**Transaction ID : B3725002F431349D69BF**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Academy of Nutrition and Dietetics Political Action Committee

### A. MCCASKILL FOR MISSOURI

Sen. Claire Mccaskill

Disbursement For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

1000.00

### B. RENEE ELLMERS FOR CONGRESS COMMITTEE

Three stylized calendar icons are shown, each with a grid of days. The first icon shows the month of June (06), the second shows the day of the month (29), and the third shows the year (2015).

Rep. Renee L. Ellmers

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

1000.00

### C. COMSTOCK FOR CONGRESS

Rep. Barbara J Comstock

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

2500.00

4500.00

27000.00